

For official use only:  
Customer Name

Customer No.

PD F 5336 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised January 2005)

**DISPOSITION OF SECURITIES BELONGING TO A  
DECEDENT'S ESTATE BEING SETTLED WITHOUT ADMINISTRATION**

OMB No. 1535-0118

Visit us on the Web at [www.treasurydirect.gov](http://www.treasurydirect.gov)

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

**PRINT IN INK OR TYPE ALL INFORMATION**

Use this form to request disposition of a decedent's United States Savings Securities and/or related payments only when the decedent's estate is not being administered. *If the decedent's savings securities are worth over \$100,000 redemption value, Treasury regulations require that the estate be formally administered through the court; in this event, this form may not be used.*

**WHERE TO SEND** – Send this form, all securities and/or related checks, and any necessary evidence to: *Bureau of the Public Debt, PO Box 1328, Parkersburg, WV 26106-1328.*

*Carefully read the instructions before completing this form.*

**PART A – ESTATE INFORMATION**

Provide the information below and submit certified copies of the death certificates for all deceased registrants.

\_\_\_\_\_  
(NAME OF DECEASED OWNER - If more than one person named on the securities, the person who died last)

\_\_\_\_\_  
(Decedent's Social Security Number)

\_\_\_\_\_  
(State of Legal Residence)

By signing this form, I certify that a legal representative has not been and will not be formally appointed through the court and that the estate will not be settled in accordance with State statute (such as Summary Administration, Small Estates Act, Texas Muniment of Title, Louisiana Judgment of Possession, etc.).

*If the above statement does not apply, do not complete this form. Instead, send the securities and all evidence and/or documentation concerning the estate to the address shown in "WHERE TO SEND" above.*

**PART B – PERSONS ENTITLED TO REQUEST DISPOSITION**

Title 31, Code of Federal Regulations (CFR), provides that savings securities and/or related payments belonging to a decedent's estate being settled without administration may be paid, reissued, or transferred (when applicable) upon the request of the persons named in the survivors' order of precedence as listed below and described in detail in the instructions. **Carefully read the instructions before completing this Part.**

**1. Starting at the top, read down the order of precedence until you find the first category (class) that applies to your situation. Mark the box for that class (do not mark more than one class).**

**Survivors' Order of Precedence**

**Classes of Survivors**

- ☐ **Surviving spouse** (no surviving child or children of the decedent, or descendants of deceased children)
- ☐ **Surviving spouse and child or children of the decedent, and the descendants of deceased children**
- ☐ **Surviving child or children of the decedent, and the descendants of deceased children** (no surviving spouse)
- ☐ **Parents** (if none of the above classes)
- ☐ **Brothers and sisters and descendants of deceased brothers and sisters** (if none of the above classes)
- ☐ **Other next of kin** (if none of the above classes)
- ☐ **Persons related to the decedent by marriage; i.e., heirs of a spouse of the last decedent where the spouse predeceased that registrant** (if none of the above classes)
- ☐ **Person who paid the burial and funeral expenses, or a creditor of the decedent's estate** (if none of the above classes)
- ☐ **Escheat** (if none of the above classes)

**PART B – PERSONS ENTITLED TO REQUEST DISPOSITION** *(Continued)*

2. Provide the name of each survivor in the class you marked in Item 1. Show each survivor's relationship to the decedent and the survivor's age, if he/she is under 21.

Survivor's Name	Relationship to Decedent	Age (if under 21)

3. List persons from Item 2, if any, who are under legal disability:

Name	Legal Disability	Name and Address of Representative	Capacity

**PART C – DISPOSITION OF SECURITIES AND PAYMENTS**

I request that the securities and/or payments be distributed as follows:

1. Distribute to: \_\_\_\_\_ (Name)

[illegible]

**2. Description of securities and/or payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution:	<input type="checkbox"/>	In full
	<input type="checkbox"/>	(Amount/Fractional Share/ or Percentage)

4. Type of distribution:

**NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part C for each different registration or type of distribution desired.**

<b>Savings Bonds or Notes (paper issue)</b> (Series A-D, E, EE, F, G, H, HH, I, J, & K)	<b>Book-Entry Savings Bonds (electronic issue)</b> (Series E, EE and I)
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- ☐ Payment by check
- ☐ Payment by Direct Deposit
- ☐ Conversion to Electronic Issue *(Same Series)*
- ☐ Reissue in single owner form
- ☐ Reissue with a coowner \*
- ☐ Reissue with a beneficiary \*

* Name of Coowner/Beneficiary:	
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**Book-Entry Savings Bonds (electronic issue)**  
(Series E, EE and I)

☐ Payment by Direct Deposit

☐ Transfer to TreasuryDirect Account Number

5. Mailing address: \_\_\_\_\_

**6. Direct Deposit funds as authorized below:**

(Name/Names on the Account)

**Type of Account:** ☐ Checking ☐ Savings

(Depositor's Account No.)

Bank Routing No.: 

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 - 

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\_\_\_\_\_  
(Financial Institution's Name) (Phone No.)

(Phone No.)

**PART C – DISPOSITION OF SECURITIES AND PAYMENTS** *(Continued)*

I request that the securities and/or payments be distributed as follows:

**1. Distribute to:** \_\_\_\_\_  
(Name)\_\_\_\_\_  
(Social Security Number) OR \_\_\_\_\_  
(Employer Identification Number)**2. Description of securities and/or payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:** ☐ In full  
☐ \_\_\_\_\_  
(Amount/Fractional Share/ or Percentage)**4. Type of distribution:****NOTE:** Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part C for each different registration or type of distribution desired.**Savings Bonds or Notes (paper issue)**  
(Series A-D, E, EE, F, G, H, HH, I, J, & K)

- ☐ Payment by check  
☐ Payment by Direct Deposit  
☐ Conversion to Electronic Issue *(Same Series)*  
☐ Reissue in single owner form  
☐ Reissue with a coowner \*  
☐ Reissue with a beneficiary \*

\* Name of Coowner/Beneficiary:  
\_\_\_\_\_**Book-Entry Savings Bonds (electronic issue)**  
(Series E, EE and I)

- ☐ Payment by Direct Deposit  
☐ Transfer to TreasuryDirect Account Number \_\_\_\_\_

**5. Mailing address:** \_\_\_\_\_  
\_\_\_\_\_**6. Direct Deposit funds as authorized below:**\_\_\_\_\_  
(Name/Names on the Account)Type of Account: ☐ Checking ☐ Savings\_\_\_\_\_  
(Depositor's Account No.)Bank Routing No.:  – \_\_\_\_\_  
(Financial Institution's Name)\_\_\_\_\_  
(Phone No.)

I request that the securities and/or payments be distributed as follows:

**1. Distribute to:** \_\_\_\_\_  
(Name)

\_\_\_\_\_ OR \_\_\_\_\_  
(Social Security Number) (Employer Identification Number)

**2. Description of securities and/or payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:** ☐ In full  
☐ \_\_\_\_\_  
(Amount/Fractional Share/ or Percentage)

**4. Type of distribution:**  
**NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part C for each different registration or type of distribution desired.**

<b>Savings Bonds or Notes (paper issue)</b> <b>(Series A-D, E, EE, F, G, H, HH, I, J, &amp; K)</b> <input type="checkbox"/> Payment by check <input type="checkbox"/> Payment by Direct Deposit <input type="checkbox"/> Conversion to Electronic Issue <i>(Same Series)</i> <input type="checkbox"/> Reissue in single owner form <input type="checkbox"/> Reissue with a coowner * <input type="checkbox"/> Reissue with a beneficiary *  * Name of Coowner/Beneficiary:  	<b>Book-Entry Savings Bonds (electronic issue)</b> <b>(Series E, EE and I)</b> <input type="checkbox"/> Payment by Direct Deposit <input type="checkbox"/> Transfer to TreasuryDirect Account Number _____
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**5. Mailing address:** \_\_\_\_\_

**6. Direct Deposit funds as authorized below:**

\_\_\_\_\_ (Name/Names on the Account)

\_\_\_\_\_ (Depositor's Account No.)

Bank Routing No.:        -       -

Type of Account: ☐ Checking ☐ Savings

\_\_\_\_\_ (Financial Institution's Name) \_\_\_\_\_ (Phone No.)

**PART D - SIGNATURES AND CERTIFICATIONS**

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief and agree to distribution of the securities as indicated in Part C. Further, if I am signing individually and on behalf of all others of the same class and payment is made in this manner, I certify that I will make distribution of the proceeds to the persons entitled under the laws of the decedent's domicile.

I/We bind ourselves, my/our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or payments.

***You must wait until you are in the presence of a certifying officer to sign this form.***

**Sign Here: ⇒** \_\_\_\_\_  
(Applicant's Signature) (Daytime Telephone Number)

**Address:** \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

**E-Mail Address:** \_\_\_\_\_

**Sign Here: ⇒** \_\_\_\_\_  
(Applicant's Signature) (Daytime Telephone Number)

**Address:** \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

**E-Mail Address:** \_\_\_\_\_

**Sign Here: ⇒** \_\_\_\_\_  
(Applicant's Signature) (Daytime Telephone Number)

**Address:** \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

**E-Mail Address:** \_\_\_\_\_

**Sign Here: ⇒** \_\_\_\_\_  
(Applicant's Signature) (Daytime Telephone Number)

**Address:** \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

**E-Mail Address:** \_\_\_\_\_

**Sign Here: ⇒** \_\_\_\_\_  
(Applicant's Signature) (Daytime Telephone Number)

**Address:** \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

**E-Mail Address:** \_\_\_\_\_

Person to contact if additional information is necessary: \_\_\_\_\_  
(Name, Daytime Telephone Number, and E-Mail Address, if applicable)

***Certifying Officer - The individuals must sign in your presence. You must complete the certification and affix your stamp or seal.***

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Month) (Year)  
at \_\_\_\_\_, and signed this form.  
(City) (State)

(OFFICIAL STAMP  
OR SEAL)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Month) (Year)  
at \_\_\_\_\_, and signed this form.  
(City) (State)

(OFFICIAL STAMP  
OR SEAL)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

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(State)

(ZIP Code)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Month) (Year)  
at \_\_\_\_\_, and signed this form.  
(City) (State)

(OFFICIAL STAMP  
OR SEAL)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Month) (Year)  
at \_\_\_\_\_, and signed this form.  
(City) (State)

(OFFICIAL STAMP  
OR SEAL)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Month) (Year)  
at \_\_\_\_\_, and signed this form.  
(City) (State)

(OFFICIAL STAMP  
OR SEAL)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

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(State)

(ZIP Code)

## INSTRUCTIONS

**USE OF FORM** – Use this form to request disposition of United States Savings Securities (Savings Bonds and Savings Notes) and/or related payments belonging to a decedent's estate which is not being administered. If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form.

**All savings securities belonging to the decedent's estate must be included in this transaction. If the redemption value of all savings securities owned by the decedent exceeds \$100,000, Treasury regulations require that the estate be formally administered through the court; in this event, this form may not be used.**

### PART A – ESTATE INFORMATION

Provide the requested information regarding the decedent. If more than one deceased person is named on the securities, provide the information for the person who died last. **Submit certified copies of the death certificates for all deceased registrants.**

Insert the following information:

- The decedent's name
- The decedent's Social Security Number
- The state of the decedent's last legal residence

Your signature to this form certifies that the decedent's estate has not been and will not be formally administered through a court or settled in accordance with State statute (such as Summary Administration, Small Estates Act, Texas Muniment of Title, Louisiana Judgment of Possession, etc.). **If a legal representative has been appointed by the court, if the estate has been administered and is now closed, or if you have a document establishing entitlement to the estate (other than an unprobated will), do not complete this form. Instead, send the securities and all evidence and/or documentation concerning the estate to the address shown in "WHERE TO SEND" on the last page of these instructions.**

### PART B – PERSONS ENTITLED TO REQUEST DISPOSITION

Title 31, Code of Federal Regulations (CFR), provides that savings securities and/or related payments belonging to a decedent's estate being settled without administration may be paid, reissued, or transferred (when applicable) upon the request of the persons named in the following survivors' order of precedence:

#### SURVIVORS' ORDER OF PRECEDENCE

- There is a surviving spouse and no surviving child or descendant of a deceased child: **to the surviving spouse.**
- There is a surviving spouse and a child or children of the decedent, or descendants of deceased children: **one-half to the surviving spouse and one-half to the child or children of the decedent, and the descendants of deceased children, by representation, or by agreement of all persons entitled in this class;**
- There is no surviving spouse and there is a surviving child or descendant of deceased children: **to the child or children of the decedent, and the descendants of deceased children, by representation.**
- There are no surviving spouse, no surviving child, and no surviving descendants of deceased children: **to the parents of the decedent, one-half to each, or in full to the survivor.**
- There are no surviving spouse, no surviving child or surviving descendants of deceased children, and no surviving parents: **to the brothers and sisters and descendants of deceased brothers and sisters by representation.**
- There are no surviving spouse, no surviving child or surviving descendants of deceased children, no surviving parents, and no brothers or sisters or descendants of deceased brothers and sisters: **to other next of kin, as determined by the laws of the decedent's domicile at the time of death.**
- There are no surviving spouse, no surviving child or surviving descendants of deceased children, no surviving parents, no brothers or sisters or descendants of deceased brothers and sisters, and no next of kin, as determined by the laws of the decedent's domicile at the time of death: **to persons related to the decedent by marriage, i.e., heirs of a spouse of the last decedent where the spouse predeceased that registrant.**
- There are no surviving spouse, no surviving child or surviving descendants of deceased children, no surviving parents, no brothers or sisters or descendants of deceased brothers and sisters, no next of kin, as determined by the laws of the decedent's domicile at the time of death, and no persons related to the decedent by marriage: **to the person who paid the burial and funeral expenses, or a creditor of the decedent's estate, but payment may be made only to the extent that the person has not been reimbursed. Transfers are not permitted.**
- **Escheat** according to the applicable State law.

*Part B Continued on next page*



**PART B – PERSONS ENTITLED TO REQUEST DISPOSITION** *(Continued)*

- Starting at the top, read down the “Survivors’ Order of Precedence” until you find the first class that applies to your situation. Mark the box for that class (do not mark more than one class).
- Provide the name of each survivor in the class you marked in Item 1. Show each survivor’s relationship to the decedent and the survivor’s age, if he/she is under 21. If any person named is not related to the decedent in any manner, show the basis for that person’s interest, for example, “unpaid creditor.”

If a person entitled to request disposition (as of the date of the decedent’s death) then dies:

- Indicate “deceased” by the person’s name.
  - List the names of all appointed legal representatives, if any; otherwise, list the names of the person(s) entitled to the estate.
  - Submit any legal evidence relating to his/her estate.
- Show any of the survivors listed in Item 2 who are under a legal disability. In the space for “Legal Disability,” enter the nature of the disability, such as the individual is an “incapacitated person.” If appointed by the court, show the legal representative’s name and address. In the space for “Capacity,” enter the official title or description of the representative acting, for example, “legal guardian” or “conservator.” The representative must submit a certified copy of the letters of appointment dated within one year of submission.

**PART C – DISPOSITION OF SECURITIES AND PAYMENTS**

Complete Items 1 through 5.

- Enter the name of only one distributee in each Part C, Item 1. (A separate Part C must be completed for each distributee and each type of distribution desired.) Enter the appropriate social security number or employer identification number.
- Describe only the securities and/or checks which the person shown in Item 1 is to receive, in whole or in part:
  - **TITLE OF SECURITY** – Identify each security by series. If describing a check, insert the word “check.”
  - **ISSUE DATE** – Provide the issue date of each security or check.
  - **FACE AMOUNT** – Provide the face amount (denomination) of each security or check.
  - **IDENTIFYING NUMBER** – Provide the serial number of each security, the confirmation number, or the check number.
  - **REGISTRATION** – Provide the registration of each security, check, or account; also provide the account number, if any.

**EXAMPLES:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
<i>Electronic Series I Savings Bond</i> <b>SERIES I</b>	<b>1/1/02</b>	<b>\$100</b>	<i>Confirmation #</i> <b>12345</b>	<b>ACCT # N-111-11-1111</b> <b>BOB SMITH</b>
<i>Paper Series EE Savings Bond</i> <b>SERIES EE</b>	<b>7/99</b>	<b>\$100</b>	<i>Serial #</i> <b>C-123,456,789-EE</b>	<b>SSN 222-22-2222</b> <b>BILL SMITH</b> <b>OR JANE SMITH</b>
<i>Check</i> <b>CHECK</b>	<b>7/26/04</b>	<b>\$351.02</b>	<i>Check #</i> <b>502123456</b>	<b>JIM SMITH</b>

⇒ If unsure what to provide in each of the areas, furnish all information shown on the face of the security or check in the space for REGISTRATION.

- Mark the box “In full” if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2; **or** if the person listed in Item 1 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he/she is to receive.

We can make payment to a person individually, or individually and on behalf of other persons entitled if of the same class. If it is preferred that one person receive payment individually and on behalf of all others, enter that person’s name in Item 1 and add the statement “individually and on behalf of all other persons entitled” after the name.

A person who receives payment of security proceeds individually and on behalf of others warrants that he or she will make distribution of the proceeds to the persons entitled by the law of the decedent’s domicile. These provisions are for the convenience of the United States and do not determine ownership of the securities or their proceeds. The Department of the Treasury may rely on information provided by the person who requests payment, reissue, or transfer (when applicable), and is not liable for any action taken in reliance on the information furnished.

**Note:** The social security number or employer identification number of the person paid individually and on behalf of all others will be used to report all of the interest earned to the Internal Revenue Service for Federal income tax purposes.

*Part C Continued on next page*

## PART C – DISPOSITION OF SECURITIES AND PAYMENTS *(Continued)*

4. Check the appropriate box indicating type of distribution for the particular type of security involved (securities can't be transferred from one type to another). Provide account numbers, if any.
  - Provide a separate Part C for each different registration or type of distribution desired.
  - In certain circumstances, we may need to request additional forms and/or information in order to complete the requested action. In this event, we will provide additional forms and/or instructions.
  - Requests for reissue or transfer (when applicable) may not be available if there is not sufficient time to process the transaction before the security matures. If we are unable to process the reissue or transfer request before the security matures, payment will be issued. **All Savings Bonds of Series A, B, C, D, F, G, J, and K, and Savings Notes have reached final maturity and must be redeemed.**
  - Any interest which is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.
5. Provide mailing instructions. *(If payment by Direct Deposit is desired, complete Item 6 instead.)*
6. Provide information on the bank account where the payment is to be direct deposited. All persons requesting payment must sign in Part D of this form. If payment is to be deposited to a bank account in the name of a different person, then that person or his/her representative, who can authorize such a deposit, must also sign in Part D.

## PART D – SIGNATURES AND CERTIFICATIONS

**SIGNATURES** – The application must be signed in ink by:

- All competent adults listed in Part B, Item 2 and Part C, Item 1;
- The legal guardian or similar representative of the estate of any person under legal disability listed in Part B, Item 3 or Part C, Item 1; and
- Any minor listed in Part B, Item 2 or Part C, Item 1, if the minor is of sufficient competency to sign the application on his/her own behalf and understand the nature of the action. Otherwise, the application must be signed on the minor's behalf by the parent with whom he/she resides or, if the minor does not reside with either parent, the person who furnishes his/her chief support.

**Exception:** If payment is preferred individually and on behalf of all others of the same class, the person to whom the payment will be made is the only person who must sign the form.

**CERTIFICATION** – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most banking institutions, including credit unions.

**ADDITIONAL EVIDENCE** – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

**RETURN OF EVIDENCE** – If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form and evidence.

**WHERE TO SEND** – Send the completed form, the securities, if any, and any other necessary evidence to the Bureau of the Public Debt, PO Box 1328, Parkersburg, WV 26106-1328.

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the address shown in the instructions.